## B Cell Compartmental Features and Molecular Basis for Therapy in Neuromyelitis Optica Spectrum Disorder

## Short title: B cell landscape in NMOSD

Chao Zhang<sup>1,2</sup>, Tian-Xiang Zhang<sup>1</sup>, Ye Liu<sup>1</sup>, Dongmei Jia<sup>1</sup>, Pei Zeng<sup>1</sup>, Chen Du<sup>1</sup>, Meng Yuan<sup>1</sup>, Qiang Liu<sup>1</sup>, Yongjun Wang<sup>2\*</sup>, Fu-Dong Shi<sup>1,2\*</sup>

## Affiliations:

<sup>1</sup> Department of Neurology, Tianjin Medical University General Hospital, Tianjin, China.

<sup>2</sup> China National Clinical Research Center for Neurological Diseases, Beijing Tiantan Hospital, Capital Medical University, Beijing, China.

\*Correspondence: <u>yongjunwang@ncrcnd.org.cn</u> (Y.W.) or <u>fshi@tmu.edu.cn</u> (F.-D.S.).

## ABSTRACT

*Background:* To characterize B cell programming towards autoimmunity across different compartments in patients with neuromyelitis optica spectrum disorder (NMOSD).

*Methods:* We characterized B cell transcriptomic profiles via single-cell RNA sequencing across the blood, bone marrow and cerebrospinal fluid (CSF) in patients with NMOSD.

*Results:* Four major subpopulations of B cells with distinct signatures across the tissues were identified: naïve B cells, memory B cells, autoimmune B cells, and antibody secreting cells (ASCs). NMOSD B cells show proinflammatory activity with an increased expression of chemokine receptor genes (*CXCR3* and *CXCR4*). Blood B cells display an increase of antigen presentation markers (*CD40* and *CD83*), as well as activation signatures (*FOS*, *CD69* and *JUN*). In contrast, bone marrow contains a large ASCs pool with increased oxidative and metabolic activity reflected by *COX* genes and ATP synthase genes. Typically, NMOSD B cells become hyper-responsive to type I interferon, which facilitates B cell maturation and anti-aquaporin-4 autoantibody production. The fraction of antibody secreting cells (ASCs) was significantly elevated in NMOSD. Both CD19<sup>-</sup> and CD19<sup>+</sup> ASCs could be ablated by tocilizumab but not rituximab treatment in NMOSD.

*Conclusion:* B cells are compartmentally fine-tuned towards autoreactivity in NMOSD. Inhibition of type I interferon pathway may provide a new therapeutic avenue for NMOSD.